

Texas Department of Aging
and Disability Services
LTC-Regulatory (E-342)
P.O. Box 149030
Austin, TX 78714-9030
512-438-2630 Fax: 512-438-2727

Application for State License to Operate a *Type C* Assisted Living Facility

For DADS Use Only

Application Approval Date	Region
Application No.	Reviewer's Initials
DLN No.	Remit Date
Effective Date of License	

Item 1. Facility Information

Facility Name			Facility Identification No.	
Physical Address--Street		City	State	ZIP Code
County	Facility Area Code and Telephone No.	Facility Area Code and Fax No.	Facility E-mail Address	
Mailing Address -- Street or P.O. Box (if different from physical address)				
City	State	ZIP Code	National Provider Identifier No.	

Item 2. Type of Application

<input type="checkbox"/> Initial	<input type="checkbox"/> Change of Ownership -- Effective Date: _____	<input type="checkbox"/> Renewal
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Item 3. Number of Beds

Fee Schedule	Licensed Capacity: 4	Fee Enclosed: \$
Initial	\$100	
Change of Ownership	\$100	
Renewal	\$100	

Item 4. Facility Administrator/Manager/Director

Name of Administrator/Manager/Director	Social Security No.
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Item 5. Applicant Information (that is, corporation, limited or general partnership, limited liability or sole [individual] proprietorship)

Legal Name of Applicant (corporation, LLC, partnership, sole proprietorship, etc.)			Tax Identification No.		
Physical Address -- Street		City	State/Province	ZIP/Postal Code	Country
Mailing Address -- Street or P.O. Box (if different from physical address)		City	State/Province	ZIP/Postal Code	Country
Area Code and Telephone No.	Area Code and Fax No.	E-mail Address			
Business Entity Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust, Living Trust or Estate <input type="checkbox"/> Other, specify: _____				Government Entity Type <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Hospital District/Authority	

Applicant Contact Person Information

Last Name	First Name	MI	Jr., Sr., etc.
Area Code and Telephone No.	Area Code and Fax No.	E-mail Address	
Title or Relationship to Applicant			

Applicant Name	Facility Name	Facility Identification No.
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Item 5. Applicant Ownership and Controlling Person Information (Continued)

Legal Name of Applicant (corporation, LLC, partnership, sole proprietorship, etc.)
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Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Follow-up questions for all business entity types

Has 100% ownership interest been disclosed in this section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, answer the following questions:		
Does each of the remaining individual shareholders own less than 5%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the shares publicly traded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remaining ownership shares unassigned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remaining shares held in treasury of the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all remaining ownership percentage investment funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 5. Applicant Ownership and Controlling Person Information: Next Level(s) (Continued)

Legal Name of Business Entity Disclosed on This Page (corporation, LLC, partnership, sole proprietorship, etc.)

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Follow-up questions for all business entity types

Has 100% ownership interest been disclosed in this section? ☐ Yes ☐ No

If No, answer the following questions:

Does each of the remaining individual shareholders own less than 5%? ☐ Yes ☐ No

Are the shares publicly traded? ☐ Yes ☐ No

Are all remaining ownership shares unassigned? ☐ Yes ☐ No

Are all remaining shares held in treasury of the company? ☐ Yes ☐ No

Are all remaining ownership percentage investment funds? ☐ Yes ☐ No

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 6. Other Controlling Entity/Person Information

Legal Name of Business Entity (if other than individual)				Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI		Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence		
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country	
Mailing Address (if different from physical address) – Street or P.O. Box			City	State/Province	ZIP/Postal Code	Country	
Relationship to Applicant							

Other Controlling Entity/Person Contact Person Information

Last Name		First Name		MI		Jr., Sr., etc.	
Area Code and Telephone No.	Area Code and Fax No.		E-mail Address				
Title or Relationship to the Other Controlling Entity/Person							

Copy this page to use as an attachment if more entries are required.

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Applicant Name	Facility Name	Facility Identification No.
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Item 6. Other Controlling Entity Ownership and Controlling Person Information (Continued)

Legal Name of Controlling Entity (corporation, LLC, partnership, sole proprietorship, etc.)

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Legal Name of Business Entity (if other than individual)			Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)			First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.	State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)			

Follow-up questions for all business entity types

Has 100% ownership interest been disclosed in this section? ☐ Yes ☐ No

If No, answer the following questions:

Does each of the remaining individual shareholders own less than 5%? ☐ Yes ☐ No

Are the shares publicly traded? ☐ Yes ☐ No

Are all remaining ownership shares unassigned? ☐ Yes ☐ No

Are all remaining shares held in treasury of the company? ☐ Yes ☐ No

Are all remaining ownership percentage investment funds? ☐ Yes ☐ No

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 6. Other Controlling Entity Ownership and Controlling Person Information: Next Level(s) (Continued)

Legal Name of Controlling Entity (corporation, LLC, partnership, sole proprietorship, etc.)

Legal Name of Business Entity (if other than individual)				Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)				First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country	
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country	
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)				

Legal Name of Business Entity (if other than individual)				Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)				First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country	
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country	
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)				

Legal Name of Business Entity (if other than individual)				Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)				First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country	
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country	
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)				

Legal Name of Business Entity (if other than individual)				Business Entity Type		Taxpayer Identification No.	
Last Name (if an individual)				First Name		MI	Jr., Sr., etc.
Date of Birth	Driver License No. (DLN)	DLN State of Issue	Social Security No.		State/Country of Residence		% Ownership
Physical Address – Street			City	State/Province	ZIP/Postal Code	Country	
Mailing Address – Street or P.O. Box (if different from physical address)			City	State/Province	ZIP/Postal Code	Country	
Title or Position Held (with the entity being disclosed on this page)			Start Date of Association (with the entity being disclosed on this page)				

Follow-up questions for all business entity types

Has 100% ownership interest been disclosed in this section? ☐ Yes ☐ No

If No, answer the following questions:

Does each of the remaining individual shareholders own less than 5%? ☐ Yes ☐ No

Are the shares publicly traded? ☐ Yes ☐ No

Are all remaining ownership shares unassigned? ☐ Yes ☐ No

Are all remaining shares held in treasury of the company? ☐ Yes ☐ No

Are all remaining ownership percentage investment funds? ☐ Yes ☐ No

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 7. Real Estate Information

- A. 1. Is the applicant the sole owner of the real property? ☐ Yes ☐ No

If Yes, complete A.2., A.3. and Section B. For an initial license application, change of ownership application, or update application for a real estate change, provide a copy of property ownership document(s) (deed, deed of trust, special warranty deed, etc.).

If No, complete Sections B through O. For an initial license application, change of ownership application, or update application for a real estate change, submit a copy of property ownership document(s) (deed, deed of trust, special warranty deed, etc.).

2. Is the real property encumbered by any liens, or is other interest secured by the real property, such as deeds of trust, tax liens, mechanics liens, judgments, etc? ☐ Yes ☐ No

If Yes, describe the nature of the lien or judgment:

3. Is the property owner currently in default on any obligation secured or potentially secured by the real property? ☐ Yes ☐ No

If Yes, describe the nature of the default:

B. 1.

Legal Name of Business Entity or Individual that owns the real property			
Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

2. Real Property Owner Contact Person

Last Name		First Name	MI	(Jr., Sr., etc.)
Area Code and Telephone No.	Area Code and Fax No.	E-mail Address		

- C. Does the applicant lease the property from the property owner? ☐ Yes ☐ No

If Yes, provide a copy of the lease agreement for an initial license application, change of ownership application, or update application for a real estate change or renewal application with a real estate change.

If No, identify in Section D the business entity(ies) or individual(s) that leases from the real property owner, or identify in Section K the applicant's entitlement to occupy the real property.

D.

Legal Name of Business Entity or Individual that leases from the real property owner			
Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

- E. Does the applicant sublease the property from a business entity(ies) or individual(s) identified in Section D? ☐ Yes ☐ No

If Yes, provide a copy of the primary lease agreement and all sublease agreements for an initial license application, change of ownership application, or update application for a real estate change or renewal application with a real estate change.

If No, identify in Section F the business entity(ies) or individual(s) that subleases the property from the business entity(ies) or individuals identified in Section D, or identify in Section K the applicant's entitlement to occupy the real property.

F.

Legal Name of Business Entity or Individual that subleases the property from a business entity(ies) or individual(s) identified in Section D			
Mailing Address – Street or P.O. Box			
City	State/Province	ZIP/Postal Code	Country

- G. Does the applicant sublease the property from a business entity(ies) or individual(s) identified in Section F? ☐ Yes ☐ No

If Yes, provide a copy of the primary lease agreement and all sublease agreements for an initial license application, change of ownership application, or update application for a real estate change or renewal application with a real estate change.

If No, identify in Section H the business entity(ies) or individual(s) that subleases the property from the business entity(ies) or individuals identified in Section F, or identify in Section K the applicant's entitlement to occupy the real property.

Applicant Name	Facility Name	Facility Identification No.
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Item 7. Real Estate Information (Continued)

H.	Legal Name of Business Entity or Individual that subleases the property from a business entity(ies) or individual(s) identified in Section F			
	Mailing Address – Street or P.O. Box			
	City	State/Province	ZIP/Postal Code	Country

I. Does the applicant sublease the property from a business entity(ies) or individual(s) identified in Section H? ☐ Yes ☐ No
If Yes, provide a copy of the primary lease agreement and all sublease agreements for an initial license application, change of ownership application or update application for a real estate change or renewal application with a real estate change.
If No, identify in Section J the business entity(ies) or individual(s) that subleases the property from the business entity(ies) or individuals identified in Section H, or identify in Section K the applicant's entitlement to occupy the real property.

J.	Legal Name of Business Entity or Individual that subleases the property from a business entity(ies) or individual(s) identified in Section H			
	Mailing Address – Street or P.O. Box			
	City	State/Province	ZIP/Postal Code	Country

K. If the applicant does not lease or sublease the property from a business entity or individual, then specify the type of property document that entitles the applicant to occupy the real property:

L. Does the applicant hold assignment of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section D, F, H or J? ☐ Yes ☐ No
If Yes, provide a copy of the assignment agreement or other entitlement to occupy the real property for an initial license application, change of ownership application, or update application for a real estate change or renewal application with a real estate change.
If No, identify in Section M the business entity(ies) or individual(s) that holds assignment of the lease or other entitlement to occupy the real property from the business entity(ies) or individuals identified in Section D, F, H or J.

M.	Legal Name of Business Entity or Individual that holds assignment of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section D, F, H or J			
	Mailing Address – Street or P.O. Box			
	City	State/Province	ZIP/Postal Code	Country

N. Does the applicant hold assignment of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section M? ☐ Yes ☐ No
If Yes, provide a copy of the assignment agreement(s) or other entitlement to occupy the real property for an initial license application, change of ownership application, or update application for a real estate change or renewal application with a real estate change.
If No, identify in Section O the business entity(ies) or individual(s) that holds assignment of the lease or other entitlement to occupy the real property from the business entity(ies) or individuals identified in Section M.

O.	Legal Name of Business Entity or Individual that holds assignment(s) of the lease or other entitlement to occupy the real property from a business entity(ies) or individual(s) identified in Section M			
	Mailing Address – Street or P.O. Box			
	City	State/Province	ZIP/Postal Code	Country

Applicant Name	Facility Name	Facility Identification No.
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Item 8. Disclosure of Facility/Agency Association

List all facilities/agencies that are located **outside the state of Texas** or are not licensed by DADS.

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.	
Physical Address – Street	City	State/Province	ZIP/Postal Code
Individual/Entity	Start Date of Association	End Date of Association	

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 8. General Disclosure Questions: Have any of the individuals or entities identified in Item 5 or 6:

- A. Been convicted of a state or federal crime that carries a penalty of incarceration? ☐ Yes ☐ No

If Yes, explain below:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Date of Conviction	Conviction	Terms of Sentence	

- B. Been excluded or debarred from participating in federal government programs? ☐ Yes ☐ No

If Yes, explain below:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Date of Exclusion or Debarment	Reason	Start Date	End Date

- C. Been excluded or otherwise disqualified from holding a license in the State of Texas or any other state? ☐ Yes ☐ No

If Yes, explain below:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Date of Exclusion or Disqualification	Reason	Start Date	End Date

- D. Been subject to orders from a court restraining or enjoining the individual or entity from operating a facility or agency? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Order Issued Against	Nature/Type of Court Order		
Court Issuing Order	Terms of Court Order		
Date Order Issued	Current Status		

Item 8. Five-Year Disclosure Questions: Have any of the individuals or entities identified in Item 6, 7 or 8:

- E. Been held liable for civil damages by a court, or settled such a suit out of court, based upon alleged negligent conduct or intentional misconduct on their part, individually or in association with others; or owned, operated, managed or otherwise been involved in any long-term care facility or agency that has been held liable for civil damages by a court, or settled such a suit out of court, based upon alleged negligent conduct or intentional misconduct on their part, individually or in association with others in relation to any long-term care facility or agency (for example, malpractice, wrongful death, other care-related issues)? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6	
Facility/Agency Name (if applicable)		Facility/Agency Identification No.	National Provider Identifier No.
Name of Plaintiff/Complainant		Nature of Allegations	
Outcome:	Verdict	Verdict Date	Verdict Amount \$
	Judgment	Judgment Date	Judgment Amount \$
	Settlement	Settlement Date	Settlement Amount \$
Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):			

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 8. Five-Year Disclosure Questions (Continued): Have any of the individuals or entities identified in Item 5 or 6:

- F. Filed for bankruptcy (reorganization or liquidation) or been placed in receivership based on failure or inability to meet financial obligations in the regular course of business, or been subject to an involuntary filing for reorganization, bankruptcy or receivership; or owned, operated, managed or otherwise been involved in any long-term care facility or agency that has filed for reorganization, bankruptcy or receivership based on failure or inability to meet financial obligations in the regular course of business of any long-term care facility or agency; or been subject to an involuntary filing for reorganization, bankruptcy or receivership? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Name and Type of Business (if applicable)		
Type of Filing <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Receiver		Date Filed
Status: <input type="checkbox"/> In Progress <input type="checkbox"/> Discharged <input type="checkbox"/> Dismissed <input type="checkbox"/> Confirmed		

- G. Ever owed any overdue payroll taxes, unemployment taxes, franchise taxes or workers' compensation payments; or owned, operated, managed or otherwise been involved in any long-term care facility or agency that has owed any overdue payroll taxes, unemployment taxes, franchise taxes or workers' compensation payments in relation to any long-term care facility or agency? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Amount Owed \$	Name of Individual/Entity Owed	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):

- H. Ever had fines or penalties assigned to any long-term care facility or agency related to payroll taxes, unemployment taxes or workers' compensation; or owned, operated, managed or otherwise been involved in any long-term care facility or agency that has had fines or penalties assigned to any long-term care facility or agency related to payroll taxes, unemployment taxes or workers' compensation? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Basis for Fine or Penalty	Date Penalty Imposed	Amount Owed \$
Name of Individual/Entity Owed		
Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):		

- I. Owned, operated, managed or otherwise been involved in any long-term care facility or agency that has failed to pay any state licensing fees (for example, probationary/initial/renewal license fee, license capacity increase fee, change of administrator fee, background information fee, trust fund fee, Alzheimer's certification fee, etc.)? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Type of Fee Not Paid	Amount Owed \$	Due Date

- J. Owned, operated, managed or otherwise been involved in any long-term care facility or agency that has failed to reimburse the Nursing and Convalescent Home Trust Fund following placement of a state trustee? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Date Trustee Placed in the Facility	Date Trustee Removed	Amount of Emergency Assistance Funds Not Reimbursed \$

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 8. Five-Year Disclosure Questions (Continued): Have any of the individuals or entities identified in Item 5 or 6:

- K. Had (or currently have) an unsatisfied (unpaid) judgment against them, either individually or in association with others, by a creditor or claimant, as a result of a financial default or dispute, or settled such a suit out of court, or entered into a settlement agreement to resolve a financial default or dispute; or owned, operated, managed or otherwise been involved in any long-term care facility or agency that has had a judgment obtained against it by a creditor or claimant as a result of a financial default or dispute (for example, slip and fall, employment issues, etc.), settled such a suit out of court, or entered into a settlement agreement as a result of a financial default or dispute? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Amount of Judgment or Settlement \$	Name of Creditor or Claimant	Date of Judgment or Settlement
Nature of the Default or Dispute		Amount Unpaid

- L. Owned, operated, managed or otherwise been involved in any long-term care facility or agency that has been evicted from any property or space used as a long-term care facility or agency? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)		
Facility/Agency Identification No.	National Provider Identifier No.	Date of Eviction

- M. Owned, operated, managed or otherwise been involved in any long-term care facility or agency, hospital, boarding home, child care facility or drug or alcohol treatment center whose license(s) has been denied, revoked or suspended? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Type of Action: <input type="checkbox"/> Denial <input type="checkbox"/> Revocation <input type="checkbox"/> Suspension		Effective Date

- N. Owned, operated, managed or otherwise been involved in any long-term care facility or agency that has had a state trustee or federal temporary manager placed in the facility? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Date Trustee/Manager Placed in the Facility	Date Trustee/Manager Removed	

- O. Owned, operated, managed or otherwise been involved in any long-term care facility or agency that surrendered a license in lieu of revocation, allowed a license to expire while revocation action was pending, or withdrew the appeal of a revocation action while the action was pending? ☐ Yes ☐ No

If Yes, complete the following:

Individual/Entity		Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6
Facility/Agency Name (if applicable)	Facility/Agency Identification No.	National Provider Identifier No.
Outcome: <input type="checkbox"/> Surrendered a License <input type="checkbox"/> Allowed a License to Expire <input type="checkbox"/> Withdrew the Appeal		Effective Date

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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Item 8. Five-Year Disclosure Questions (Continued): Have any of the individuals or entities identified in Item 5 or 6:

- P. Owned, operated, managed or otherwise been involved in any long-term care facility or agency located outside of the state of Texas that has been subject to federal or state sanctions, penalties or enforcement actions? ☐ Yes ☐ No

If Yes, complete the following:

Facility/Agency Name	Facility/Agency Identification No.	National Provider Identifier No.
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Type of Action and Outcome (check all applicable boxes and fill in each applicable blank):

1. <input type="checkbox"/> Suspension of Admissions	Visit Exit Date	Start Date	End Date
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

2. <input type="checkbox"/> Involuntary Closure	Date of Closure		
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

3. <input type="checkbox"/> Denial of Payment for New Admissions	Visit Exit Date	Start Date	End Date
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

4. <input type="checkbox"/> Directed Plan of Correction	Visit Exit Date		
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

5. <input type="checkbox"/> Termination of Certification/Contract	Visit Exit Date	Date of Certification/Contract Termination	
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

6. <input type="checkbox"/> Downgrade of the Status of a Facility License	Effective Date		
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

7. <input type="checkbox"/> Administrative Penalty	Amount \$	Visit Exit Date	Imposition Date	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):
Individual/Entity				Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

8. <input type="checkbox"/> Civil Penalty	Amount \$	Visit Exit Date	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

9. <input type="checkbox"/> Civil Money Penalty	Amount \$	Visit Exit Date	Status: <input type="checkbox"/> Paid <input type="checkbox"/> Not paid (explain):
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

10. <input type="checkbox"/> Other	Action	Date of Action	Outcome/Explanation
Individual/Entity			Identified in Item(s) <input type="checkbox"/> 5 <input type="checkbox"/> 6

Copy this page to use as an attachment if more entries are required.

Applicant Name	Facility Name	Facility Identification No.
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9. Local Fire Authority Approval: Fire authority may sign below or provide separate written approval.

To the best of my knowledge, the facility meets local fire safety requirements.	_____	_____
	Signature – Fire Authority	Date

10. Affidavit for Application, Including Compliance History

Before me, the undersigned authority, personally appeared _____,
who being by me duly sworn, deposes as follows: (name of applicant)

My name is _____. I am over the age of 18, legally competent and in all respects qualified and authorized to make this affidavit.

The facts set forth in the foregoing application are true and correct. I understand that submission of false information in the foregoing application will constitute grounds for denial, suspension or revocation of my long-term care facility license.

Signature – Applicant Date

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____.

Notary Public in the State of _____

With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Regulatory Services Division at 512-438-2630.